	Connecticut D	onartment o	f Dublic H	loalth	Dr	inkii	2σ IV	ator	Sa	ction	
	Connecticut D Water (epartifient o Juality Monit								Ction	
PWS ID	PWS Name				Clas	ssificatio	n Popu	ulation	Owr	er Type P	rimary Sourc
СТ063002	4 GOODWIN CONSERVAT	TION CENTER				NC		25		S	GW
Local Add	ress (where applicable)		Service	Residen	tial	Comme	rcial I	ndustria	al	Combined	Agricultura
23 POTTE	R ROAD		Connections			1					
Towns Sei	rved: HAMPTON		·								
		Monit	oring Requ	ireme	nts						
Water Sy	stem Facility: DISTRIBUTION	ON SYSTEM (WSF	D: 00600)								
Total Co	liform (3100)							1	rou	tine (RT)	per quarter
Sampling Point (Sampling Point ID)				Monitori	ng P	eriod	Collect	tion Per			iance Status
Selec	ct from Inventory of Active Sam	pling Points		10/1/18 -	12/3	31/18				Co	mplete
	•	-		1/1/19 -							mplete
				4/1/19 -	6/30	0/19				Co	mplete
				7/1/19 -							
Physical	Parameters (PPS)							1	rou	tine (RT)	per quarter
-	pling Point (Sampling Point ID,)		Monitori	ng P	eriod	Collect	tion Per			iance Status
Selec	ct from Inventory of Active Sam	pling Points		10/1/18 -	12/3	31/18				Co	mplete
				1/1/19 -	3/3:	1/19				Co	mplete
				4/1/19 -	6/30	0/19				Co	mplete
				7/1/19 -	9/30	0/19					
Water Sy	stem Facility: ENTRY POIN	IT (WSF ID: 00700									
Nitrate /	And Nitrite (NOX)								1 1	routine (F	RT) per year
Sam	pling Point (Sampling Point ID))		Monitori	ng P	eriod	Collect	tion Per	iod	Compl	iance Status
ENTF	RY POINT (3)		1/1/18 - 12/31/18					Complete			
				1/1/19 -	12/3	31/19				Co	mplete
				1/1/20 -	12/3	31/20					
	Wate	er System Facil	ity and Sar	npling	Po	int In	vento	ry			
Water							Total	Lead (and		
System	Water System Facility	Sampling Point		nt		(Coliform				Stage
Facility ID)	ID	Description			Status	Rule	Rule	Tier	Asbestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		Α	Υ				
		DOWNSTREAM	WITHIN 5 SEF	VICE CON	١	Α					
		UPSTREAM	WITHIN 5 SEF	VICE CON	١	Α					
00700	ENTRY POINT	3	ENTRY POINT			Α					
21080	WELL	2	WELL			Α					
60759	TREATMENT PLANT										
		Cor	tact Inform	mation							
Name		C	rganization							Job Title	
Mr. David	l Cooley	D	eep-Engineerin	g Unit			Su	pv Civil	Engi	neer	

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Mailing Address Line Two

Mobile Phone

860-205-7552

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

860-344-2560

163 Great Hill Road

Business Phone

860-342-2215

State

СТ

City

david.cooley@ct.gov

Portland

Emergency Phone Email Address

860-424-3333

Zip Code

06480

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	water Quality Monitoring and Comphanice Schedule										
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source			
CT0630024	GOODWIN CONSERVATION CENTER				NC	25	S	GW			
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural			
23 POTTER ROA	D	Connections			1						

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Departm Water Quality PWS ID PWS Name CT0630064 OUR LADY OF LOURDES CATHOLIC Local Address (where applicable) 41 CEDAR SWAMP ROAD Towns Served: HAMPTON	Monitoring a	nd Comp	liance assification	Schedul	e		
PWS ID PWS Name CT0630064 OUR LADY OF LOURDES CATHOLIC Local Address (where applicable) 41 CEDAR SWAMP ROAD	CHURCH Service	Cla	assification				
Local Address (where applicable) 41 CEDAR SWAMP ROAD	Service				Owner Type	Primary Source	
11 CEDAR SWAMP ROAD		Desidential	NC	25	Р	GW	
11 CEDAR SWAMP ROAD	Connection	Residential	Commerc	cial Industri	al Combine	ed Agricultura	
Towns Served: HAMPTON		ns	2				
	Monitoring Re	quirement	S				
Water System Facility: DISTRIBUTION SYSTEI	M (WSF ID: 00600)						
Total Coliform (3100)				1	routine (R1	「) per quarter	
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Per	riod Com	pliance Status	
Select from Inventory of Active Sampling Point	S	10/1/18 - 12	/31/18			Complete	
		1/1/19 - 3/3	31/19			Complete	
		4/1/19 - 6/3	30/19				
		7/1/19 - 9/3	30/19				
Physical Parameters (PPS)				1	-	「) per quarter	
Sampling Point (Sampling Point ID)		Monitoring		Collection Per	pliance Status		
Select from Inventory of Active Sampling Point	S	10/1/18 - 12				Complete	
		1/1/19 - 3/3				Complete	
		4/1/19 - 6/3					
		7/1/19 - 9/3	30/19				
Water System Facility: ENTRY POINT (WSF II	D: 00700)						
Nitrate And Nitrite (NOX)						(RT) per year	
Sampling Point (Sampling Point ID)		Monitoring		Collection Pe		pliance Status	
ENTRY POINT (3)		1/1/18 - 12/			Complete		
		1/1/19 - 12/				Complete	
		1/1/20 - 12/					
Monthly Water Syste		E) Level Mo	nitoring	g Require	ments		
Water System Facility: ENTRY POINT (WSFID	: 00700)						
Analyte Monitoring Requireme	nt (Summary Type)	Operati	ing Limit		Samples	Req/Month	
pH Entry Point pH Monitor	ing (PHRD)	Minimu	ım: 7 PH			4	
Start Date: 3/1/2018		pliance History:	. 0	perating Lim	t Moni	toring	
	Mon	toring Period	С	ompliance St	atus: Comp	liance Status:	
		/2018 - 11/30/2				N	
		/2018 - 12/31/2				N	
		2019 - 1/31/201				N	
	2/1/2	2019 - 2/28/201	9			N	
	3/1/2	2019 - 3/31/201	9				
	4/1/2	2019 - 4/30/201	9				
	Other Complian	ce Schedul	es				
Compliance Schedule Activity		Due	Date	Achie	ved Date		
RESPOND TO SANITARY SURVEY		2/24	1/2019	2/2	5/2019		
Water Syste	m Facility and S	ampling Po	oint Inv	entory			
Water				Total Lead	and		

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DISTRIBUTION SYSTEM

Description

DOWNSTREAM WITHIN 5 SERVICE CON

Coliform Copper

Rule

Υ

Status

Α

Α

Stage

Rule Tier Asbestos WQP 2 DBPR

Sampling Point Sampling Point

ID

4

System Water System Facility

DISTRIBUTION SYSTEM

Facility ID

00600

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

				1				
PWS ID	PWS Name			Classif	fication	Population	Owner Type	Primary Source
СТ0630064	OUR LADY OF LOURDES CATHOLIC CHURCH			N	NC	25	Р	GW
Local Address (vhere applicable)	Service	Residen	itial Co	ommercia	I Industria	al Combine	ed Agricultural
41 CEDAR SWA	MP ROAD	Connections			2			

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α					_			
21084	WELL	2	WELL	Α								
55156	BLADDER TANK											
55158	TREATMENT PLANT											

			(Contact Inf	ormation				
Name		Organization	า		Job Title				
Father Benjamin So	oosaimanickar	Our Lady of	Lasalette						
Mailing Address Line One Mailing Add			dress Line Two	ress Line Two			State	Zip Code	
P.O. Box 211						Brooklyr	1	СТ	06234
Business Phone	Extension	Fax	1	Mobile Phone	Emergency Phone	Email Address			
860-774-6275		860-774-	0679			ourladybrooklyn@gmail.com			
Contact Dolo(s).		Cambaat 1 aa				1			

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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Schedule Generation Date: 4/11/2019

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0631224	HAMPTON MINI MART				NC	39	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
396 HARTFORD	TURNPIKE	Connections			1			

Towns Served: HAMPTON			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Public Notification Requirements									
	Compliance	Notice	Public No	tification	PN Certification				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received			
Physical Parameters M&R Violation	1/1/18 - 3/31/18	3	6/1/2019	2/26/2019	6/11/2019	2/26/2019			
Total Coliform M&R Violation	1/1/18 - 3/31/18	3	6/1/2019	2/26/2019	6/11/2019	2/26/2019			
Physical Parameters M&R Violation	4/1/18 - 6/30/18	3	8/27/2019	2/26/2019	9/6/2019	2/26/2019			
Total Coliform M&R Violation	4/1/18 - 6/30/18	3	8/27/2019	2/26/2019	9/6/2019	2/26/2019			
Physical Parameters M&R Violation	7/1/18 - 9/30/18	3	11/7/2019	2/26/2019	11/17/2019	2/26/2019			

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Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
CT0631224	HAMPTON MINI MART				NC	39	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial (Commercia	al Industri	al Combine	ed Agricultural
396 HARTFORD	TURNPIKE	Connections			1			

Public Notification Requirements								
	Compliance	Notice	Public No	tification	PN Certification			
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received		
Total Coliform M&R Violation	7/1/18 - 9/30/18	3	11/7/2019	2/26/2019	11/17/2019	2/26/2019		
Physical Parameters M&R Violation	10/1/18 - 12/31/18	3	2/25/2020	2/26/2019	3/6/2020	2/26/2019		
Nitrate And Nitrite M&R Violation	1/1/18 - 12/31/18	3	2/25/2020	2/26/2019	3/6/2020	2/26/2019		
Total Coliform M&R Violation	10/1/18 - 12/31/18	3	2/25/2020	2/26/2019	3/6/2020	2/26/2019		

	Water System Facility and Sampling Point Inventory									
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
60630	WELL 1	2	WELL 1	А						

Contact Information									
Name				Organization				Job Title	
Mr. Pankaj Patel				E-Z Mart			Owner		
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
44 Bennett Drive						Hampto	n	СТ	06247
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	ddress		
860-455-0002			860	0-639-8892		pankajbuddy@yahoo.com			
Contact Role(s): A	dministrative	Contact, Leg	al Contact						

Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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Schedule Generation Date: 4/11/2019

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0631234 STONEHURST AT HAMPTON VALLEY – INN				NC	25	Р	GW	
Local Address (where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
39 DRAIN STRE	ET AND ROUTE 6	Connections					1	

Towns Served: HAMPTON

Monitoring Requirements								
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)							
Total Coliform (3100)		1 rout	ine (RT) per quarter					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete					
	1/1/19 - 3/31/19		Complete					
	4/1/19 - 6/30/19							
	7/1/19 - 9/30/19							
Physical Parameters (PPS)		1 routine (RT) per quarter						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period Compliance Status						
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete					
	1/1/19 - 3/31/19		Complete					
	4/1/19 - 6/30/19							
	7/1/19 - 9/30/19							
Water System Facility: ENTRY POINT (WSF ID: 00700)								
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
ENTRY POINT (3)	1/1/18 - 12/31/18							
	1/1/19 - 12/31/19		Complete					
	1/1/20 - 12/31/20							

Public Notification Requirements									
	Compliance	Notice	<u>Public No</u>	<u>tification</u>	PN Certification				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received			
Physical Parameters M&R Violation	7/1/18 - 9/30/18	3	12/3/2019	1/22/2019	12/13/2019	1/24/2019			
Total Coliform M&R Violation	7/1/18 - 9/30/18	3	12/3/2019	1/22/2019	12/13/2019	1/24/2019			

Water System Facility and Sampling Point Inventory Total Lead and Water Sampling Point Sampling Point Water System Facility **Coliform** System Copper Stage **Description** ID Facility ID Rule Rule Tier Asbestos WQP 2 DBPR **Status** 00600 DISTRIBUTION SYSTEM 4 **DISTRIBUTION SYSTEM** Α Υ DOWNSTREAM WITHIN 5 SERVICE CON Α **UPSTREAM** WITHIN 5 SERVICE CON Α 00700 **ENTRY POINT** 3 **ENTRY POINT** Α 2 Α 61067 WELL 1 WELL 1

61093 PRESSURE STORAGE

Contact Information									
Name Organization					Job Title				
Mr. Craig Gates Columbia Ford				rd					
Mailing Address Lin	e One		Mailing Add	lress Line Two			City	State	Zip Code
PO Box 130						North W	indham	СТ	06256
Business Phone	Extension	Fax	N	lobile Phone	Emergency Phone	Email Address			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connectic	ut Departme	ent of Public H	lealth	Di	rinking	g Water	Section	
	Wa	ter Quality N	Monitoring and	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name				Cla	ssification	Population	Owner Type	Primary Source
CT0631234	631234 STONEHURST AT HAMPTON VALLEY – INN				NC		25	Р	GW
Local Address (\	where applicable)		Service	Residen		Commerci	al Industri	al Combine	ed Agricultural
39 DRAIN STREE	T AND ROUTE 6		Connections					1	
Towns Served: I	_								
860-228-288	cgates@columbiaford.com								
Contact Role(s):	Administrative	Contact							

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0631244 STONEHURST AT HAMPTON VALLEY – BARN				NC	25	Р	GW	
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
39 DRAIN STRE	ET AND ROUTE 6	Connections					1	

Towns Served: HAMPTON

Monitoring Requirements								
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600	0)							
Total Coliform (3100) 1 routine (R								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete					
	1/1/19 - 3/31/19		Complete					
	4/1/19 - 6/30/19							
	7/1/19 - 9/30/19							
Physical Parameters (PPS)		1 routine (RT) per quarter						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete					
	1/1/19 - 3/31/19		Complete					
	4/1/19 - 6/30/19							
	7/1/19 - 9/30/19							
Water System Facility: ENTRY POINT (WSF ID: 00700)								
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
ENTRY POINT (3)	1/1/18 - 12/31/18							
	1/1/19 - 12/31/19		Complete					

1/1/20 - 12/31/20											
Public Notification Requirements											
	Compliance Notice <u>Public Notification</u> <u>PN Certi</u>										
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Physical Parameters M&R Violation	7/1/18 - 9/30/18	3	12/3/2019	1/22/2019	12/13/2019	1/24/2019					
Total Coliform M&R Violation	7/1/18 - 9/30/18	3	12/3/2019	1/22/2019	12/13/2019	1/24/2019					
Nitrite M&R Violation	1/1/18 - 12/31/18	3	3/10/2020		3/20/2020						

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
61076	WELL 1	2	WELL 1	Α								
61091	PRESSURE STORAGE											

	C	Contact Informatio	n			
Name		Organization	Job Title			
Mr. Craig Gates	Columbia Ford					
Mailing Address Line One Mailing A		dress Line Two		City	State	Zip Code
PO Box 130		Nort		North Windham		06256
_						

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section											
	Wa	ter Quality M	Ionito	oring ar	nd Con	nplia	nce S	Schedul	le		
PWS ID PWS Name							ication	Population	Owner Type	Primary Source	
CT0631244 STONEHURST AT HAMPTON VALLEY – BARN						N	IC	25	Р	GW	
Local Address (w	Local Address (where applicable) Service Res				Residen	itial Co	mmerci	ial Industri	al Combine	ed Agricultural	
39 DRAIN STREE	T AND ROUTE 6			Connection	S				1		
Towns Served: H	_										
Business Phone Extension Fax Mobile Phone Emerge						/ Phone	ie Email Address				
860-228-2883							cgates	@columbiaf	ord.com		
Contact Role(s):	Contact Role(s): Administrative Contact										

Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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End of schedule

	Connecticu	t Department o	f Public Hea	lth	Drinki	ing V	Vater	Se	ction	
		er Quality Moni							CCIOII	
PWS ID	PWS Name	or Quarty 1-10111	toring and c		1				ner Type F	Primary Source
CT063125		AL STORE			NC		25	•	P	GW
	dress (where applicable)		Service Res	ident		ercial	Industri	al	Combined	_
200017100			Connections					-	1	7.8
Towns Se	erved: HAMPTON									
		Monit	toring Require	mei	nts					
Water Sy	ystem Facility: DISTRIE	BUTION SYSTEM (WSF	ID: 00600)							
	oliform (3100)						1	. rou	tine (RT)	per quarter
	pling Point (Sampling Poi	int ID)	Mon	itorir	ng Period	Colle	ction Pe			liance Status
	ct from Inventory of Active		1/1,	/19 -	3/31/19				C	omplete
	•			-	6/30/19					
					9/30/19					
Physica	l Parameters (PPS)						1	. rou	tine (RT)	per quarter
_	pling Point (Sampling Poi	int ID)	Mon	itorir	ng Period	Colle	ction Pe		= =	liance Status
Sele	ct from Inventory of Activ	e Sampling Points	1/1,				C	omplete		
		4/1,								
			7/1,							
Water Sy	ystem Facility: ENTRY	POINT (WSF ID: 00700)							
Nitrate	And Nitrite (NOX)							1	routine (RT) per year
Sam	pling Point (Sampling Poi	int ID)	Mon	itorir	ng Period	Colle	ction Pe		-	liance Status
ENT	RY POINT (3)		1/1/19 - 12/31/19							
			1/1/	′ 20 - 1	12/31/20					_
		Other (Compliance Scl	hed	ules					
Complian	nce Schedule Activity			L	Due Date		Achie	ved	Date	
RESPOND	TO SANITARY SURVEY			2,	/14/2019					
CORRECT	IVE ACTION/CORRECTIVE	ACTION PLAN		5,	/15/2019					
	V	Vater System Faci	lity and Sampl	ing	Point Ir	vent	orv			
Water		•	,			Total		and		
System	Water System Facility	Sampling Poin	t Sampling Point			Colifor		per		Stage
Facility II	D	ID	Description		Status	Rule			Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYS	STEM	Α	Υ				
		DOWNSTREAM	1 WITHIN 5 SERVICE	CON	I A	Υ				
		UPSTREAM	WITHIN 5 SERVICE	CON	I A	Υ				
00700	ENTRY POINT	3	ENTRY POINT		Α					
61155	WELL	2	WELL		Α					
		Cor	ntact Informat	ion						
Name			Drganization						Job Title	
Mr. Jame	es Oefinger									
						-				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

State

CT

City

james.oefinger@gmail.com

Hampton

Emergency Phone Email Address

Zip Code

06247

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

Extension

Contact Role(s): Legal Contact, Owner

Fax

22 Parsonage Rd

Business Phone

860-207-3248

(Connecticut	t Depa	irtment of	t Public	Health	Drii	nking	g Water	Section			
	Wate	er Qua	lity Monit	toring a	nd Con	nplia	nce S	Schedu	le			
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source		
CT0631254	HAMPTON GENER				N	IC	25	Р	GW			
Local Address (where applicable)				Service Reside		tial Co	mmerci	al Industr	ial Combin	ed Agricultura		
				Connection	ns				1			
Towns Served: HA	AMPTON			"	'	'		'	'	,		
Name			0	Organization					Job Title			
Mr. James Saylor			Н	ampton Gen	eral Store							
Mailing Address L	ine One		Mailing Addres	ress Line Two			City		State	Zip Code		
258 Main St							Hampt	Hampton		06247		
Business Phone Extension Fax Mo				ile Phone	Emergency	cy Phone Email Address						
860-786-4200					860-207	-3248	fire1er	fire1emtb@aol.com				
Contact Role(s):	Administrative Co	ntact	"	'								

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule